

SECRET

REPORTS INVENTORY						CONTROL NO. DDS/OF-103											
PREPARE IN DUPLICATE																	
1. TITLE OF REPORT (If a fill-in report include Form No.) Report on Lapsed Appropriations						2. TYPE OF REPORT <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>STATISTICAL</td></tr> <tr><td><input checked="" type="checkbox"/> NARRATIVE</td></tr> <tr><td>MACHINE-NAME LISTING</td></tr> </table>		STATISTICAL	<input checked="" type="checkbox"/> NARRATIVE	MACHINE-NAME LISTING							
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3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL											
		LOGISTICS		SECURITY		OTHER (specify)											
		MEDICAL		<input checked="" type="checkbox"/> FINANCE													
4. NO. OF COPIES PREPARED 3		5. FREQUENCY (weekly, monthly, quarterly, etc.) Annually				6. DISTRIBUTION (No. of components not number of copies) 2											
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>YES</td> <td>IF YES GIVE ADP PROCESSING NO.</td> </tr> <tr> <td><input checked="" type="checkbox"/> NO</td> <td></td> </tr> </table>				YES	IF YES GIVE ADP PROCESSING NO.	<input checked="" type="checkbox"/> NO		9. DIRECTIVE AUTHORITY REQUIRING REPORT OFN							
YES	IF YES GIVE ADP PROCESSING NO.																
<input checked="" type="checkbox"/> NO																	
10. PREPARING COMPONENT (include lowest level contributing information to report) OF/SS				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)													
12. COST FACTORS																	
A. MANUAL PREPARATION AND REVIEW COSTS																	
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR										
GS-10	\$ 5.75	1/4		\$ 1.44	1		\$ 1.44										
GS-13	9.94	<u>1/4 -</u>		<u>2.49</u>	1		<u>2.49</u>										
		1/2		\$ 3.93			\$ 3.93										
B. COSTS OF COMPUTER PRODUCED REPORTS																	
TOTAL COSTS PER YEAR						\$ 3.93											
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. OFN requires submission of report on lapsed appropriations.																	
14. FUTURE GOALS																	
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> RETAIN AS IS</td> <td><input checked="" type="checkbox"/> OTHER (explain) to be determined by OF</td> </tr> <tr> <td><input type="checkbox"/> CHANGE</td> <td></td> </tr> <tr> <td><input type="checkbox"/> DISCONTINUE</td> <td></td> </tr> </table>						<input type="checkbox"/> RETAIN AS IS	<input checked="" type="checkbox"/> OTHER (explain) to be determined by OF	<input type="checkbox"/> CHANGE		<input type="checkbox"/> DISCONTINUE		ESTIMATED SAVINGS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>MAN-HOURS</td> <td>DOLLARS</td> </tr> <tr> <td></td> <td></td> </tr> </table>		MAN-HOURS	DOLLARS		
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16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Approved For Release 2006/11/13 : CIA-RDP75-00399R000100110035-7					18. EXTENSION										